

# TOWN OF NORTH HUDSON

Building Codes Department  
3024 U.S. Route 9  
P.O. Box 60  
North Hudson, NY 12855  
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[codesnorthhudson@hotmail.com](mailto:codesnorthhudson@hotmail.com)

## APPLICATION FOR PERMIT

	APPELLANT	OWNER
NAME		
ADDRESS		
ADDRESS 2		
CITY, STATE, ZIP		
TELEPHONE		
E'MAIL		

**If you are employed by or represent any company or someone other than yourself, state the name, address, etc. of said company or person.**

NAME \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

E'MAIL \_\_\_\_\_

**Application is hereby made for a permit to:**

Nature of Goods to be Sold \_\_\_\_\_

How to be Sold \_\_\_\_\_

Location/ Address of Sale \_\_\_\_\_

Tax Map Number \_\_\_\_\_ Zoned District \_\_\_\_\_

Has there been a previous Application? Yes \_\_\_\_\_ NO \_\_\_\_\_ Explain \_\_\_\_\_

Is the proposed use prohibited by any Town Law or Ordinance? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

Have you been refused a permit within the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

Have you had a permit revoked within the past two years? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain \_\_\_\_\_

## To the Applicant:

1. Include with this application an employer's authorization sworn to before a Notary Public, if employed by someone other than yourself.
2. Submit a \$25.00 fee with this application.
3. If you are not a resident of Essex County, or are employed by one whose principal place of business is outside of Essex County, you are required to file a \$1,000.00 surety bond with the Town of North Hudson.
4. If off street parking is required, compliance with the Town Zoning Law and NYS Department of Transportation is required.
5. If your application is approved, the license will expire six (6) months from the issued date.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Fee Paid: \_\_\_\_\_ Date \_\_\_\_\_

Permit Number: \_\_\_\_\_